



**TOKIO MARINE  
HCC**

**TOKIO MARINE HCC-PUBLIC RISK GROUP**  
**24 Hour Telephone: 800-225-6561**  
**FAX: 248-371-3091**  
**E-Mail : publicriskclaims@ta hcc.com**

NOTICE OF:

☐ CLAIM (Submitted for consideration of payment)

☐ INCIDENT (Record of purpose -may develop into claim)

INSURED NAME		INSURED ADDRESS		CITY		PHONE	
CONTACT PERSON		EMAIL		COUNTY	STATE	ZIP	DEPARTMENT
<b>COVERAGE INFORMATION</b>							
AGENT		POLICY TERM			POLICY NUMBER		
BODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENTS	COMP/DED	COLLISION/DED	OTHER DED	
LOSS PAYEE (If none, so indicate) OTHER			COVERAGES (No Fault, Towing, UM, Liability, Property, Etc.)				
<b>LOSS INFORMATION – DESCRIBE HOW LOSS OCCURRED:</b>							
REPORTED TO (Police or Fire Department)					REPORT #		
LOCATION OF INCIDENT			DATE OF CLAIM/INCIDENT		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		DATE INSURED NOTIFIED
<b>INSURED VEHICLE- AUTO LOSS INFORMATION</b>							
VEH NO	YEAR, MAKE, MODEL		V.I.N. (Vehicle Identification No.)			PLATE NO.	
OWNER'S NAME & ADDRESS					PHONE (A/C, No., Ext.)		
DRIVERS NAME			RESIDENCE PHONE (A/C, No., Ext.)		BUSINESS PHONE (A/C, No., Ext.)		
DESCRIBE DAMAGE			DATE OF BIRTH		DRIVERS LICENSE NUMBER		PURPOSE OF USE
			ESTIMATE AMOUNT		WHERE CAN VEHILCE BE SEEN?		
<b>INSURED PROPERTY LOSS INFORMATION</b>							
LOCATION OF LOSS					POLICE OR FIRE DEPT. TO WHICH REPORTED		
KIND OF LOSS (Fire, Wind, Explosion, Etc.)					PROBABLE AMOUNT ENTIRE LOSS		
DESCRIPTION OF LOSS & DAMAGE							
<b>PROPERTY OF OTHERS – LOSS INFORMATION</b>							
DESCRIBE PROPERTY (If auto: Year, Make, Model, Plate No.)			OTHER VEH/PROP. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NO.		
OWNER'S NAME & ADDRESS			BUSINESS PHONE (A/C, No.)			RESIDENCE PHONE (A/C, No.)	
DESCRIBE DAMAGE			ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?		
INJURED NAME & ADDRESS		PHONE (A/C, No.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WITNESS NAME & ADDRESS			BUSINESS PHONE (A/C, No., Ext.)			RESIDENCE PHONE (A/C, No.)	
REPORTED BY		SIGNATURE				DATE	

FORWARD THIS REPORT TO TOKIO MARINE HCC-PUBLIC RISK GROUP, 1441 W. Long Lake Rd., Suite 150, Troy, Michigan 48098. If a loss involves bodily injury or major property damage, please contact TOKIO MARINE HCC-PUBLIC RISK GROUP at 1-800-225-6561. We will take the loss information from you and investigate as necessary. The information we will need will closely follow this form so you may use it as a guideline. If you do not have complete information, do not delay in reporting. Details will be determined during the investigation. PLEASE REPORT DIRECTLY AND PROMPTLY.